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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
901 S. Kansas Ave.
Topeka, KS 66612
Office (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is a (Check one) ☐ Party Committee ☒ PAC

This is an (Check one) ☒ Initial Appointment ☐ Amended Statement

Committee Name: **Kansas First Congressional District Democrats**
Address: **4864 Cottonwood Circle**
Address2:
City: **Wamego** State: **KS** Zip: **66547**
Business Phone: **(785) 317-0291**
Email Address: **sagetebeest@gmail.com**

Chairperson Name: **Sage TeBeest**
Address: **4864 Cottonwood Circle**
Address2:
City: **Wamego** State: **KS** Zip: **66547**
Home Telephone: Business Phone: **(785) 317-0291**
Email Address: **sagetebeest@gmail.com**

Treasurer Name: **Von Peterson**
Address: **212 E. Section Line**
Address2: **P.O. Box 67428**
City: **Canton** State: **KS** Zip: **67428**
Home Telephone: Business Phone: **(620) 242-4840**
Email Address: **vlpete@att.net**

**Affiliated or
Connected
Organizations** Name: **Kansas Democratic Party**
Address: **501 SE Jefferson Street**
Address2: **Suite 30**
City: **Topeka** State: **KS** Zip: **66607**

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **1/30/2017 8:46:50 PM** Signature of Chairperson: **Sage TeBeest**

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STATEMENT OF ORGANIZATION
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input checked="" type="checkbox"/>	Party Committee	<input type="checkbox"/>	Political Action Committee
This is an (check one)	<input type="checkbox"/>	Initial Statement	<input checked="" type="checkbox"/>	Amended Statement

FILED

OCT 24 2016

KRIS W. KOBACH
SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name 1st Congressional District Democratic Party

Mailing Address (Street, City, State, Zip Code)
PO Box 262 Spearville, KS 67876

Business Telephone
(620) 789-2298

CHAIRPERSON

Name Johnny Dunlap II

Home Telephone
(620) 789-2298

Mailing Address (Street, City, State, Zip Code)
PO Box 262 Spearville, KS 67876

Business Telephone
()

TREASURER

Name Sage TeBeest

Home Telephone
(785) 317-0291

Mailing Address (Street, City, State, Zip Code)
4864 Cottonwood Circle Wamego, KS 66547

Business Telephone
()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Democratic Party

Mailing Address (Street, City, State, Zip Code)
501 Jefferson St, Suite 30 Topeka, KS 66607

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SIGNATURE:

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

10/19/2016
(Date)

Johnny Dunlap II
(Signature of Chairperson)

Johnny Dunlap

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Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is a (Check one) ☒ Party Committee ☒ PAC

This is an (Check one) ☒ Initial Appointment ☐ Amended Statement

Committee Name: **Kansas First congressional District Democrats**

Address: **PO Box 262**

Address2:

City: **Spearville** State: **KS** Zip: **67876**

Business Phone:

Email Address:

Chairperson Name: **Johnny Dunlap II**

Address: **PO Box 262**

Address2:

City: **Spearville** State: **KS** Zip: **67876**

Home Telephone: Business Phone:

Email Address: **johnnydunlap2@gmail.com**

Treasurer Name: **Johnny Dunlap II**

Address: **PO Box 262**

Address2:

City: **Spearville** State: **KS** Zip: **67876**

Home Telephone: Business Phone:

Email Address: **johnnydunlap2@gmail.com**

Affiliated or Name: **Kansas Democratic Party**

Connected Address: **700 SW Jackson St, Ste 404**

Organizations Address2:

City: **Topeka** State: **KS** Zip: **66603**

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Executed on:

Date: **7/24/2016 11:52:24 PM** Signature of Chairperson: **Johnny Dunlap II**

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one) ☒ Party Committee ☐ Political Action Committee
This is an (check one) ☐ Initial Statement ☐ Amended Statement

FILED

JUL 14 2014

KRIS W. KOBACH
SECRETARY OF STATE

COMMITTEE

(PLEASE TYPE OR PRINT)

Name Kansas 1st Congressional District Democratic Party

Mailing Address (Street, City, State, Zip Code)
PO Box 262 Spearville, KS 67876

Business Telephone
(620) 789-2298

CHAIRPERSON

Name Johnny Dunlap II

Home Telephone
(620) 789-2298

Mailing Address (Street, City, State, Zip Code)
PO Box 262 Spearville, KS 67876

Business Telephone
()

TREASURER

Name William Ballard

Home Telephone
(620) 343-2719

Mailing Address (Street, City, State, Zip Code)
1020 Watson St., Emporia, KS 66801

Business Telephone
()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Democratic Party

Mailing Address (Street, City, State, Zip Code)
700 SW Jackson St. Suite 404, Topeka, KS 66603

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SIGNATURE:

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

7/1/14
(Date)

Johnny T. Dunlap II
(Signature of Chairperson)